DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SAVAGES PARK PLACE LLC (410400)

Address: 622 N 7TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096814 End Date: 04/13/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007288 Served 05/02/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.32(2)(a)1 PHYSICAL HEALTH

83.33(3)(g) MORE THAN ONE PRESCRIBER

Survey ID: 0091635 End Date: 11/19/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006910 Served 12/09/2003

Compliance
Deficiencies Cited Subject Area Verified Co

Deficiencies Cited
50.065(2)(b)introSubject Area
ENTITY BACKGROUND CHECK REQUIREMENTSVerified
01/30/2006Corrected
Yes83.14(7)(b)CONTINUING EDUCATION01/30/2006Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 05/01/2006 SOD #10007288 Appealed: No

Sanctions

PROVIDE TRAINING FORFEITURE---83.32(2)(a)1 FORFEITURE---83.33(3)(g)

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